

**South Carolina Department of Disabilities
And
Special Needs**

Behavior Support Services Standards

DRAFT

MISSION

The mission of the South Carolina Department of Disabilities and Special Needs (SCDDSN) is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the Agency's mission, the intent of SCDDSN Behavior Support Services is to provide people with Mental Retardation/Related Disabilities (MR/RD), Autism, and Head and Spinal Cord Injury (HSCI), and similar disabilities the supports needed in order for them to meet their needs, pursue possibilities, and achieve their life goals.

DEFINITION

Behavior Support Services are those services which use current empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior. These services include initial assessment for determining need for and appropriateness of behavior support services; behavioral assessment (i.e., functional assessment and/or analysis) that includes direct observation, interview of key persons, collection of objective data, analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications) and behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function.

One (1) unit of Behavior Support Services equals thirty (30) minutes of service provision. Partial units may be billed; however, rounding up is not allowed.

Behavior support may not be provided in a group setting or to multiple recipients at once.

PHILOSOPHY

Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for them in their current situation. The focus of positive behavior supports begins with understanding the function of the problem behavior. Once it is known why the problem occurs for an individual, procedures can be developed to teach and promote alternatives that can replace the problem behavior. The goal is not just to eliminate the undesirable behavior. The focus should be to create environments and patterns of support for the person that makes the problem behavior irrelevant, ineffective, or inefficient. The key outcome of positive behavior supports should be an improvement in quality of life for the person that includes the replacement of problem behavior(s) with appropriate alternatives that serve the same purpose. It is the philosophy of SCDDSN that people will be free from any serious risk to physical and psychological health and safety at all times, including during the development of a Behavior Support Plan (BSP). Procedures used to insure safety should not be misunderstood to substitute for procedures to provide positive behavior supports.

SCDDSN believes that those who develop Behavioral Support Plans (BSP) must be knowledgeable in the values, theory, and practices of positive behavior support as provided in the "Functional Assessment and Program Development for Problem Behavior: A Practical Handbook" by O'Neill, Horner et. Al. (Brookes/Cole Publishing Company, 1997) or other similar guides to effective, evidence-based practices in positive behavior support.

STANDARDS

1. Behavior Support Services may only be provided by those who have met and continue to meet specified criteria as indicated by approval as a provider of behavior support services under the Medicaid waiver.
2. Providers of Behavior Support Services must satisfy specified continuing education requirements.
3. When psychotropic medications are used, the BSP must address the specific behavior/psychiatric systems for which the medication is given if the person's problem behavior poses a significant risk to him/herself, others, or the environment (i.e., self-injury, physical aggression or property destruction).
4. An initial assessment to determine the need for and appropriateness of behavior support services must include the components of a functional assessment.
Guidance: The components include staff interviews, reviewing and/or creating operational definitions of behavior and initial observation of the person (with A-B-C data collection).
5. Prior to implementation of a BSP, a functional assessment must be completed.

GUIDANCE: As O'Neill et al. pointed out (see page 2 of these standards), key outcomes of a functional assessment include:

- a. A clear description of the problem behavior including the classes or sequences of behavior that frequently occur together.
- b. The events, times, and situations that predict when the problem behaviors will and will not occur across the full range of typical
- c. The consequences that maintain the problem behaviors (that is what function(s) the behaviors appear to serve for the person) are identified.
- d. One or more summary statements or hypotheses that describe specific behaviors, a specific type of situation in which they occur, and the outcomes or reinforcers maintaining them in that situation are developed.
- e. Direct observation data that support the summary statements that have been developed are collected.

To appropriately address the intended outcomes of a functional assessment (above) the functional assessment must include:

- a. Conducting staff and/or caregiver interviews for preliminary information
- b. Defining behavior in objective and measurable terms (behaviors to increase and decrease)
- c. Use (possibly to include design) of appropriate data collection systems
- d. Application of data collection to determine where, when, and why problems occur
- e. Training staff and/or caregivers to collect behavioral data
- f. Direct observation of behavior that includes data using objectively defined terms on more than one occasion and in the settings in which the problems occur
- g. Data analysis to determine function of behavior (including A-B-C) analysis
- h. Assessment of the consumer's preferences, reinforcers, and potential reinforcers

- i. Identification of replacement behavior that serves the same function as the problem behavior (for each problem behavior or class of problem behaviors)
- j. The use of graphs that provide for demonstration of intervention effect

The following are important issues for consideration and/or implementation in developing behavior support services:

- a. Behavior rating scales/checklists
 - b. Consideration of:
 - 1) Risks of the problem behavior(s) to the person, others, and the environment
 - 2) The therapeutic quality of the person's environment including: training opportunities, social interactions, functional activities, environmental accommodations, community inclusion and training, and monitoring of those implementing plan
 - 3) Relevant sensory strengths and deficits.
 - 4) The person's functional communication skills
 - 5) The person's sleep and eating patterns
 - 6) The person's physical/medical condition, including medical syndromes that may have an impact on problem behaviors
 - 7) The person's psychiatric condition, if possible
 - 8) Medication effects and side effects
 - 9) Historical information from family, previous staff, and relevant others
- 6. Precautionary measures to protect the person and others from harm shall always be taken during the course of functional assessment of problem behavior.**
- 7. The documents (i.e., data analysis, summary, and report) that comprise the functional assessment must be readily available for review as long as the behavior support plan is implemented.**
- 8. Behavior Support Plans must contain the following elements:**
- a. Identifying individual information, such as name, age, skills, interests, level of functioning, home address, date of BSP, and signature of the professional who was lead author of the BSP.
 - b. An operational definition of each problem behavior to be decreased.
 - c. An operational definition of each replacement behavior to be increased.
 - d. A measurable objective for each problem behavior and replacement behavior.
 - e. Procedures for teaching and/or reinforcement of replacement behavior as an alternative for achieving the function of the problem behavior(s).
 - f. Procedures specific to each problem behavior that specifically addresses prevention, replacement, and management of each problem behavior.
 - g. The type of data to be collected to assess progress toward the objectives(s) for behaviors to be increased and decreased.
- 9. Prior to implementation, those expected to implement the BSP will be trained.**
GUIDANCE: Training responsibility rests with the BSP author. However, approved providers of behavior supports can train a trainer for a specific plan (e.g., the BSP author may train Suzi Staff-Person to teach other about Ima Client's BSP). Approval for a local staff member to train others on a specific BSP must be documented. Approval may only be given for the person's current plan. It is expected that anyone providing training on a

BSP will be able to provide practical information, answer questions, and skillfully demonstrate any procedures in the plan.

- 10. Plans that involve risks to individual protection and rights including those designated by the provider as being restrictive must be reviewed and approved by the Agency's Human Rights Committee (HRC) prior to implementation and annually thereafter.**
- 11. Consent pursuant to SCDDSN Policy 535-07-DD must be obtained.**
- 12. Once a BSP has been implemented, data must be collected. Staff must be taught how to collect behavioral data.**
- 13. Data collected must be reviewed at least monthly by a designated program director, supervisor and an approved provider of Behavior Support Services.**
- 14. Data must include a graph on which data is graphed in a manner which notes changes in BSP procedure, psychotropic medications, and significant environmental variables and over sufficient duration to facilitate detection of trends and patterns.**

CENTRAL OFFICE MEMORANDUM

TO: DSN Board Executive Directors and Service Coordination Supervisors
Contracted Provider Executive Directors

FROM: Janet Brock Priest, Director
Mental Retardation/Related Disabilities Division

DATE: August 4, 2009

SUBJECT: Behavior Support Services Standards

Attached are proposed standards that will govern the provision of Behavior Support Services. These standards outline requirements that must be met by providers of Behavior Support Services. Please review and provide comments to Janet Priest (jpriest@ddsn.sc.gov) by September 3, 2009.